

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004715

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Florissant

Length of stay in 1b

9 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

615 So. Castello

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

OR
TOWN

Florissant

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

615 So. Castello

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

HAZEL

First

Middle

ISABEL

Last

WALOH

4. DATE
OF
DEATH

Month

Jan. 24, 1963

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-8-1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Hours

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

XX

11. BIRTHPLACE (City and state or country)

Providence, R.I.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Benjamin F. MacDuff

13b. MOTHER'S MAIDEN NAME

Jane MacPhee

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes; no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Doris Campbell, 3865 Thistle-down Dr
Florissant, Mo.

18. CAUSE OF DEATH (Enter only one cause per item)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral vascular accident

INTERVAL BETWEEN

ONSET AND DEATH

1-3 hrs.

Conditions, if any,
which gave rise to
above cause (a),
starting the under-
lying cause last.

DUE TO (b)

Arteriosclerotic vascular

DUE TO (c)

Generalized arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

Hypertension. Cardiac and coronary insufficiency

PART III. If deceased was female was

there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-30-57 to Jan 25-63 and last saw her alive on 1-25-63

Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type name and title)

22b. ADDRESS

634 N. Grand Blvd

22c. DATE SIGNED

1-25-63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

23b. DATE

1-28-1963

23c. NAME OF CEMETERY OR CREMATORY

Pocasset Cemetery

23d. LOCATION (City, town, or county)

Providence, Rhode Island

(State)

24. FUNERAL DIRECTOR

ADDRESS

The Florissant Mortuary, Florissant, Mo.

25. DATE RECD. BY LOCAL REG.

1-26-63

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene A. Hutchens

Licensed Embalmer No. 4966

P. O. Address Florissant, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.